



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF SPEECH/LANGUAGE PATHOLOGISTS, AUDIOLOGISTS AND HEARING AID DISPENSERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR AUDIOLOGY LICENSE

INSTRUCTION SHEET

General Information

When you have *passed* the national examination and *received* your ASHA certification, you may apply for an Audiology license based on your ASHA certification.

Requirements for *All* Applicants

- ☐ Submit completed, signed and notarized [Application for Audiology Licensure](#).
- ☐ Enclose the [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Submit a copy of your **current** ASHA certification card.
- ☐ If you have ever held a license in another jurisdiction, arrange for the Board office to receive verification of licensure from *each* jurisdiction where you have held a license, sent *directly* from the jurisdiction to the Board office.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.
- ☐ Arrange for the Board office to receive an official transcript from an accredited college or university, sent *directly* from the school to the Board office.
 - The transcript must show that that you earned a doctorate degree in audiology unless you were licensed before July 10, 2009.
 - If the final transcript showing your degree is not yet available, arrange for the Board office to receive a letter from a school official attesting to the degree that you will receive. Although the Board will review your application with only this letter, the Board office will **not** issue your license until it receives the final transcript.
- ☐ Arrange for the Board office to receive an official score report showing that you passed the *Praxis*™ Audiology national examination, sent directly from the testing service to the Board office.
 - If you did not order a score report for Delaware when you took the exam, click [Praxis: For Test Takers: Scores](#) to order an additional score report.



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IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
Last First Middle
2. Other Names Used: _____
3. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
4. Mailing Address: _____

City State Zip
5. Phone: _____ Home _____ Work _____ Email: _____
6. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐
 - If yes, enter SSN: _____
 - If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

EDUCATION

7. Enter the following information about your Audiology education:

COLLEGE/UNIVERSITY	LOCATION	MAJOR	DEGREE	YEAR DEGREE RECEIVED

Arrange for the Board office to receive an official transcript from an accredited college or university, sent *directly* from the school to the Board office.

8. Have you passed the **Praxis™ Audiology** national examination? Yes ☐ No ☐

Arrange for the Board office to receive an official score report sent directly from the testing service to the Board office.

9. Do you hold current ASHA certification? Yes ☐ No ☐

Submit a copy of your current ASHA certification card.

CERTIFICATION & LICENSURE HISTORY

10. Are you (*or have you ever been*) licensed in any other jurisdiction? Yes ☐ No ☐ If yes, enter the following information about *each* license. If no, skip to the **DISCLOSURES** section:

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE	STATUS (e.g., active)

Arrange for *each* jurisdiction listed to send a verification of licensure *directly* to the Board office.

DISCLOSURES

11. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
12. Have you ever had your license or certificate to practice speech language pathology, audiology or hearing aid dispensing suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter fully explaining. Enclose copies of all relevant records.**
13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**
14. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes ☐ No ☐ **If yes, submit a letter fully explaining. Enclose copies of all relevant records.**
15. Do you have any impairment related to drugs or alcohol that would limit your practice of Audiology? Yes ☐ No ☐ **If yes, submit a letter fully explaining. Enclose copies of all relevant records.**

DUTY TO REPORT

16. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):

- medically incompetent
- mentally or physically unable to engage safely in the practice of medicine
- excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730, 24 Del. C. §1731 and 24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes ☐ No ☐

17. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

18. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to report if you have evidence that a practitioner has violated the Code of Ethics (Section 9.0 of the Rules and Regulations) or other law or regulation.

I certify that I have read and understand Section 9.2.1.6 of the [Rules and Regulations](#) and understand my *duty to report*. Yes ☐ No ☐

19. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to report if you if you have evidence that a person is practicing the profession without a license in violation of 24 *Del. C.* §3707.

I certify that I have read and understand Section 9.3.2.2 of the [Rules and Regulations](#) and understand my *duty to report*. Yes ☐ No ☐

In order for your application to be considered at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six months of filing may be considered abandoned and discarded.

When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I swear that I am the person who executed this application; that the statements herein contained are true in every respect, that I have not suppressed or withheld information that might affect this application; that I will abide by the ethical standards of the profession; and that I have read and understand this statement.

Signature of Applicant: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____.

Signature of Notary: _____

SEAL

My Commission Expires: _____

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE
REQUIRED FEE WILL BE REJECTED.**